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HOLLANDER ON PATIENT PSYCHOLOGY

OF THE CHICAGO DENTAL SOCIETY

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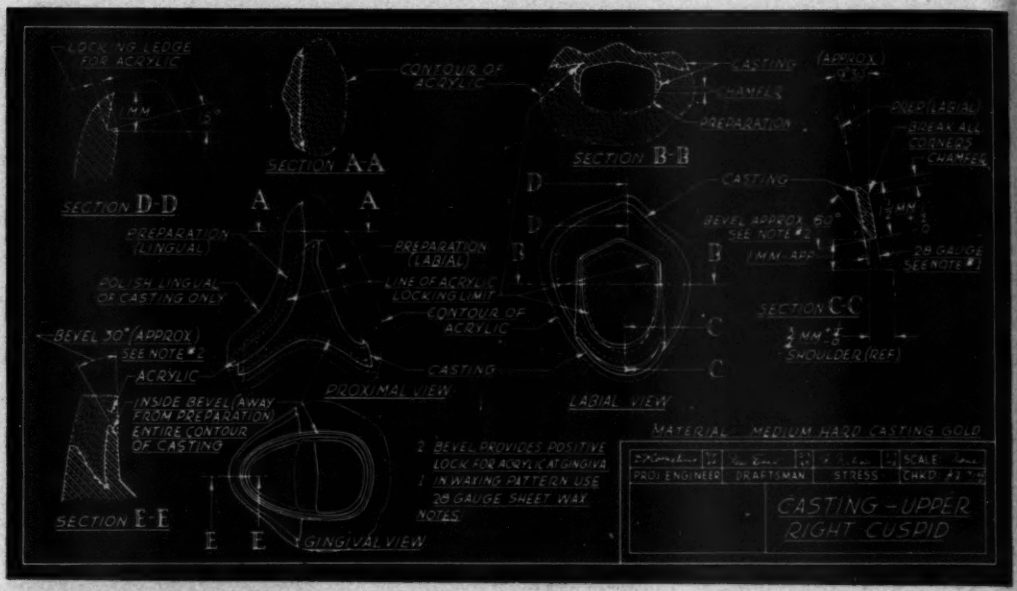

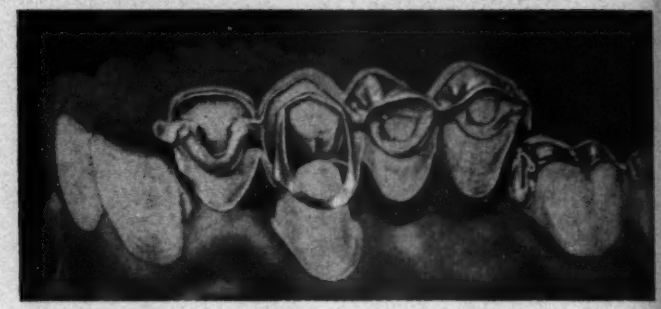

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The Fortnightly

REVIEW

OF THE CHICAGO DENTAL SOCIETY

Number 4
Feb. 15, 1959
Volume 37

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Contributions: Manuscripts should be typewritten, double spaced, and the original copy should be submitted. Every effort will be made to return unused manuscripts if request is made, but no responsibility can be accepted for failure to do so. Anonymous communications will receive no consideration whatever. Manuscripts and news items of interest to the membership of the society are solicited.

Forms close on the first and fifteenth of each month. The early submission of materials will insure more consideration for publication.

"Sorry to wake you, Doc, but the wife and I would like to make reservations for the 95th Midwinter Meeting!"

The Fortnightly
REVIEW
of
THE CHICAGO DENTAL SOCIETY
February 15, 1959 Volume 37 • No. 4

Psychological Factors Involved in Patient Acceptance of Dental Treatment

Lloyd N. Hollander, B.S., D.D.S., Cleveland, Ohio

[*Dr. Lloyd N. Hollander was graduated from Western Reserve University School of Dentistry in 1941. He is Chairman of his alma mater's Postgraduate Course in Psychodynamics and Practice Administration.*

Dr. Hollander is a member of the American Association of Endodontists and of the American Denture Society; charter member and member of the Council of the American Academy of Practice Administration and charter member and immediate past-President of the Ohio Academy of Dental Practice Administration. He has done extensive lecturing in major cities throughout the country.]

The modern dental practitioner is no doubt quite familiar with the fact that no longer can we as dentists treat the oral structures of our patients without giving serious consideration to the many other functions of the human body. It is well established that the mouth and its component parts play a very important role in the total function of the body, and has a great effect upon our every day living. Much study has been made of the physical relationship of the oral structures to the functioning of other organs and *vice versa*. Much attention has also been paid to the interrelationship of the emotional or psychological side of us and the oral structures. Today, we recognize the fact that we can no longer separate the mind (psyche) from the body (soma) and that we can no longer treat one without the other.[1] The technical sides of dentistry are just one phase of the practice of our profession. We cannot simply thrust upon the patient our treatments without considering his feelings about the matter. As a group, we have more or less expected people to come to us requesting specific services, simply because we think that they should. Only slight efforts have been extended to acquaint the public with the true functions of dentistry outside of pure physical relief of pain and prevention of toothache and infections.

Dr. Hollander

Our services are accepted largely because we are the only ones who can perform these services, but as most men will agree, our public relations in refer-

*Presented at the Midwinter Meeting of the Chicago Dental Society, February, 1958.

ence to our professional stature is not what it should be. People do not enjoy their visits to a dentist for many reasons. I do not propose that we can make dental treatment a pleasure for the normal individual, but do propose that with some study and effort we can make our services more desirable and certainly much more tolerable. The difference between the man who considers his patient as a whole person and the one who "merely treats the teeth" is the difference between the oral physician and the oral technician.

It is normal for people to be primarily interested in their own survival and in themselves. As normal human beings, dentists are interested in their own personal success both financially and professionally. Without meeting this success, measured in one's own terms, the dentist is not likely to extend himself as far as he is able to towards the individual patient's welfare. In other words, an unhappy dentist, that is, unhappy in dental practice, is not likely to be able to think in terms of how he can best serve his patient. The unsuccessful individual is the one who is most likely to be the oral technician. The man with enthusiasm, who is a student, who is most interested in his patient, is also most likely to be the oral physician to his patient, and become the most successful financially and professionally.

Requirements for Success

There are three basic requirements necessary to achieve total success in dentistry. Simply stated they are as follows:

1. The dentist must have knowledge of the science of dentistry, of himself, and of people. He must be continuously a student and always be highly trained in the most modern procedures.

2. He must be efficient in producing his work. It must be technically correct, produced rapidly, painlessly and economically, using all of the proper equipment and auxiliary help available.

3. He must be able to motivate his patients to accept complete services and to appreciate them. The patient must be trained to accept service beyond relief of pain. If possible the patient should be motivated to accept good preventative services—whether it be a simple prophylaxis, or a complete rehabilitation, all within the individual ability to accept this.

Motivation of the Patient

It is with point number three, the motivation of the patient, that we shall deal with in detail. So that there will be a complete understanding of the use of the term "motivation" let me clarify the term as it will be used in this paper. To motivate a person to accept dental treatment is a means of helping a patient to accept oral treatment for the betterment of the patient's own welfare. This is done by means of conversations with the use of visual aids so as to possibly remove his psychological blocks to treatment. It is then necessary to educate him to understand his own oral problems and their relationship to his total person and wherein dentistry can help. While this may seem rather idealistic it is also quite realistic and practical because this approach also brings the greatest of financial success and the richest of rewards in terms of satisfaction. It is not salesmanship in the sense of "selling" a person on dentistry. Rather it is to allow the patient to see for himself how his oral health plays an important role in his life, and how the disease or destruction of these oral structures can affect his entire life. From this educational procedure he will then be able to decide for himself, intelligently, what treatment he wishes.

Many of us were so highly trained in dental technique and on the physical side of life that we frequently forget we are working also with the feelings of the patient. For example, it is difficult at times to understand why patients reject our suggestions. We feel he *must* have his carious areas restored; that he *must* have roentgenograms; that he *must* have some surgery, etc. The first principle to understand then, in patient-dentist rela-

tionship, is that the patient does not *have* to do anything. There is no one who can or should dictate to anyone about what he or she must do in relation to health. The desire for treatment must come from within the individual himself. If, for whatever reason, a person wishes to neglect himself, then the only way that he can be aided is to attempt to find out why he neglects himself and help him in removing these blocks to treatment.

We are beginning to accept the fact that people are not solely interested in their mouths alone, and are not primarily concerned with their teeth and gums *per se*, but are interested in these organs and their functions only as to how they affect their lives and happiness and their over-all personalities. We are realizing that today we are not involved with just treating the oral structures, but are treating the whole person. In other words we must treat the patient, not just his teeth.

Dentists are not psychiatrists. It is really not practical for most men to truly analyze each and every patient to determine why he accepts or rejects dental treatment. We cannot be expected to understand each person's needs and drives in life. Even if a dentist were trained to do this it would be impractical and economically unsound. Therefore it becomes necessary to classify or list some of the basic reasons why people in general accept or reject treatment. If this is understood, then it becomes easier to know how to handle each individual and then we can develop a procedure to help at least the majority of patients.

Know Thyself!

Before studying the reactions of our patients, it is essential for success that each man be able to evaluate himself. Unless the patient has respect for his dentist he is not likely to respond. Kindness and consideration for others are important characteristics for the dentist to have. A love of his work and an enthusiasm for what he is doing is a vital factor. Neatness, cleanliness, and a true professional mannerism are extremely important. For the man who discounts these factors, there will be only a limited number of patients who will place him in a professional category.

Reasons for Rejection of Dental Services

There are seven basic reasons why people reject or at least object to dental service.[2] Naturally, there are various degrees of objections, ranging from minor to major. If the objections are extreme in nature then treatment is totally rejected unless outside help is obtained. They are as follows:

1. Fear of pain or discomfort.
2. Fear of the fee.
3. Lack of faith in the stability of the service.
4. Artificial appearance.
5. Misconceptions about dentistry.
6. Disturbance of speech.
7. Emotional problems. Subconscious fears of sexual assault. Various emotional problems involved with the oral structures.

The fear of pain or discomfort is perhaps the greatest single barrier to patient acceptance of dental services. For many years the terms pain and dentistry have been synonymous. We have inherited this stigma from the earlier years of dental practice, and it has presented a genuine problem. Fortunately, in these times, the physical side of pain need no longer be a problem. Most every dentist is familiar with physical pain control through the use of various anesthetic and analgesic drugs. What is equal in importance is the manner in which these anesthetics are administered. This must also be painless and comfortable for as many people fear the technique of administration as they do the anesthetic itself. Therefore relief of these fears is essential before many people are able to accept dental treatment beyond that of the emergency. There must be established a deep feeling of confidence in the operator, which can usually be accomplished in a simple conversational manner. Proper verbal explanation of anesthesia, proper explanation of how

comfortably dental treatments can be accomplished in these times, with practically no sensation is almost sufficient for most people.[3] One of the most important factors in approaching the patient is honesty and sincerity. People should be told what discomfort they might experience and to what extent. Monheim[4] states that the nervous system dislikes surprises and in many instances reacts violently to them. Therefore, the elimination of "surprise" pain is very important.

It takes much courage on the part of many people to present themselves for treatment in the dental office. The dentist who will allow the patient time to aerate themselves in conversation, who will be sympathetic, will probably gain a patient and friend for life.

The main point of this, in relation to patient acceptance of further treatment is that unless the fear of pain is relieved, there is not likely to be further dental treatment done. Frequently, patients will not admit their fear of pain or of dental procedures. Most experienced dentists can cite the classic case of the individual who claims to have no fear of injections or drilling. Then as the work is started they break out in a cold sweat. They are petrified, but cannot admit it and so it is important to understand that simply because one states that he is unafraid, does not mean that it is true. The so-called "brave" patient therefore should be told in a kindly manner also about the wonderful methods of pain control available to all dentists. Many of the patients who are able to sit through painful cavity preparation without an anesthetic, and insist on doing so, merely prefer the pain of drilling to the pain of an injection. This is a simple matter that the fear of one type of pain is worse than the other. When convinced that an injection can be painless and they then experience such, they become much more interested in dentistry and will then be able to accept more complete forms of care.

The use of the newer high speed equipment is invaluable in most all respects, however, unfortunately it is sometimes described to the patient as being a painless method. Such is not true. The contact of a sensitive area with high or low speed instruments is equally painful. We must be sure therefore that when relieving a fear of pain for a patient, we must be able to keep our promises.

A second objection to dental care is the fear of the fee. This is a very commonly expressed fear and is frequently the excuse used for rejecting dental service. We, as dentists, must be conscious at all times that this is present in the minds of many people, even though they do not express it. Simple questioning of the patient will often bring the fear out into the open where it can be discussed. He must be reassured that no work will be done for him unless it is explained in advance, and that the fee for such service will be given in advance of treatment, and that he, the patient, will make his own decisions. While the economic situation of the individual is of great importance in their decisions as to how much dental service they can accept, sometimes the dentist assumes this responsibility for his patient. This is not fair and is an injustice to many people.

Many of us tend to make up our minds in advance as to what certain patients can have in the way of dental restorations because of the way we feel about the patient personally. By this I mean, for example, that Mrs. Jones should have all of her teeth removed and wear artificial dentures because we feel that she cannot afford some better way to restore her mouth. This decision must come only from the patient after proper presentation. How do we know what the diagnosis means to her? How do we know how much she might sacrifice to maintain her natural teeth that might have a tremendous effect on her personality and feelings?

Our obligations to our patients are to thoroughly examine, to thoroughly diagnose each and every condition, and then to properly explain the results to each person in such a way that they can understand. It is then up to the patient,

(Continued on page 19)

Fractured Needle Imbedded in the Pterygomandibular Space*

James H. Griffin, D.D.S., Madison, Wisconsin

(Dr. James H. Griffin, a native of Chicago, was graduated from Loyola University School of Dentistry in 1947, and received his residency training in Oral Surgery at Mercy Hospital, Chicago. He served three years in the Army Dental Corps achieving the rank of Captain and the position of Chief of Oral Surgery. Since 1952, he has been practicing Oral Surgery in Madison, Wisconsin, where he is on the staff of three hospitals.

Dr. Griffin is an associate member of the Chicago Dental Society, a member of the International Anesthesia Research Society, American Dental Society of Anesthesiology, and the American Society of Oral Surgeons.)

Due to the increasing skills of the practitioner, and universal use of stainless steel needles, the incidence of broken needles seen by oral surgeons has become almost a rarity. Additional contributing factors to this decreased incidence are the increasing popularity of smaller caliber needles which will take more abuse without fracture and improved techniques; i.e., direct-thrust technique for mandibular block anesthesia. In spite of these advances, needles do occasionally fracture due to error on the part of the dentist or patient, structurally defective needles, or a combination of factors. The following is a report of a case of an imbedded needle broken during administration of mandibular block anesthesia.

Dr. Griffin

Report of a Case

The patient, an eighteen-year-old boy, was referred for the removal of an imbedded broken needle on June 5, 1956. The accident had occurred previously the same morning as the referring dentist was administering a mandibular nerve block on the left side preparatory to performing operative dentistry. This young patient, apparently unable to control himself, had turned his head suddenly causing the needle to fracture in front of the hub of the syringe. The dentist had attempted without success for a half-hour to remove the imbedded needle by way of a vertical incision over the point of the needle insertion.

Examination Findings

When the patient was first seen this same day June 5, 1956, there was present an incision of approximately ten millimeters length, parallel with and just medial to the anterior border of the ramus on the left side. Slight edema was evident in the immediate vicinity. Hemorrhage was capillary in origin, and negligible.

Roentgenogram Findings

The roentgenogram (Fig. 1) a lateral jaw view, revealed a broken needle approximately twenty millimeters in length to occupy a position midway between the anterior and posterior borders of the ascending ramus at the level of the mandibular foramen. It was noted to be lying relatively parallel to the plane of occlusion with the fractured end inferior to

*Presented to the Examining Committee of the American Society of Oral Surgeons as partial requirements for membership in the Society.

Fig. 1: June 5, 1956. Lateral jaw roentgenogram showing location of fractured needle imbedded in the pterygomandibular space.

Fig. 2: June 5, 1956. Post-operative lateral jaw roentgenogram following removal of the imbedded fractured needle.

this plane and adjacent the crown of the unerupted third molar with the point posterior to and on a level with the mandibular foramen.

Treatment and Course

Under additional conduction and infiltration anesthesia using 2% lidocaine hydrochloride with epinephrine 1:100,000 the original incision was lengthened superiorly an additional fifteen millimeters. By blunt and scissor dissection the anterior border of the internal pterygoid muscle and temporal ligament were uncovered. The pterygo-mandibular space was then entered, dissection carried deeper maintaining a vertical plane to the wound, and taking care to avoid undue pressure which might force the needle deeper. The spheno-mandibular ligament and mandibular nerve were identified. At this point the imbedded needle was encountered on the medial surface of the wound. The needle was grasped with a hemostat and manipulated free. The point of the needle had penetrated beyond the spheno-mandibular ligament while the superficial or broken end was imbedded in the internal pterygoid muscle, approximately one centimeter beneath the mucosa of the oral cavity. Examination showed the needle to be 25 gauge, 22 millimeters in length.

After making certain that hemostasis was established, a rubber-dam drain was inserted and the wound closed in layers using interrupted no. 0000 plain catgut to approximate the deep structures and interrupted no. 000 black silk sutures on the mucosal surface. A silk suture was passed through the rubber drain and mucous membrane so that the drain could not slip into or out of the wound. A 2 x 2 gauze was placed over the wound. The postoperative lateral jaw roentgenogram (Fig. 2) revealed the broken needle to have been removed from the tissue. Combined penicillin 1,200,000 U.,* was given intramuscularly. Postoperative instructions regarding the use of external cold therapy, diet, etc., were given the patient's parent. Codeine sulphate ¼ gr. (0.015 gm.) with acetylsalicylic acid 5 grs. every four hours if necessary, was prescribed for relief of pain.

*(600,000 U. benzathine penicillin G-300,000 U. procaine penicillin G.-300,000 U. potassium penicillin G.)

The patient was seen again on the third postoperative day, June 8, 1956. There was no cervico-facial edema evident and only minimal edema intra-orally at the operative site. The patient was comfortable though trismus to a moderate degree was present. The rubber drain was removed this day.

On the seventh postoperative day the patient was seen again. Trismus and intra-oral edema had abated measurably. All remaining silk sutures were removed. Further recovery was uneventful.

Summary

A review of why the incidence of broken needles is a rarity these days is presented. However, needles do occasionally fracture and become imbedded beneath the mucous membrane. A case of broken needle imbedded in the pterygo-mandibular space is reported presenting a specific cause of fracture. A surgical procedure performed by the referring dentist to recover the needle was without success. The final surgical procedure successful in recovering the needle is outlined. The superficial or fractured end of the needle was found approximately one centimeter deep to the surface of the mucous membrane. It is probable that this deep penetration of the needle was due to movements of the patient's jaw after the accident had occurred, manual manipulation by the previous unsuccessful surgery, and the subsequent successful procedure.

NEWS AND ANNOUNCEMENTS

NEW METHOD FOR LOWER DENTURES

At the January monthly meeting of the Chicago Dental Society, Dr. Alvin Grunewald, Chairman of the Department of Prosthetic Dentistry of Northwestern University Dental School, presented a new method for weighting a lower denture to increase stability. This technic of using a lining of about three-quarters of an ounce of gold to the denture base has added greatly to the retention of lower dentures. The method was perfected at Northwestern Dental School and was presented as part of the final session of a four-part postgraduate course in denture construction. Over the years weighting dentures has been tried with various materials and a less expensive material still is being sought. However, none has been found which has all the advantages of gold.

Dr. Grunewald has been perfecting the technique for the past ten years and this is the first time that the method has been presented to Chicago area dentists.

This series of programs in denture construction has been exceedingly successful, as is evidenced by the overflow attendance at the meetings—even the last meeting, which was held under the most adverse weather conditions, found a crowd well over 300. Attendance at each of the other three meetings of the series exceeded 500.

The Monthly Program Committee and Dr. Grunewald are to be congratulated.

ETHICS CODE VIOLATION

Dr. Milburn H. Johnson, 2525 W. Peterson Avenue, was censured September 25, 1958, for insertion of an ad in the program of the North Park College Choir concert of May 5, 1958. This is a violation of Section 2 of the Code of Ethics, Interpretation (4)—"It shall be considered unethical for a member of this Society to circularize the public by card, poster, handbill, telegraph, telephone, radio, television or newspaper, etc., or any kind of printed or written matter, or any device that is obviously a solicitation for patronage and a subterfuge."

DENTAL INTERNSHIPS

Michael Reese Hospital announces that it is now receiving applications for its twelve-month dental rotating internships, starting July 1, 1959. Those interested should write to Dental Department, Michael Reese Hospital and Medical Center, 29th Street and Ellis Avenue, Chicago 16, Illinois.

The Michael Reese Hospital Department of Dentistry is approved by the A.D.A. Council on Dental Education and Hospital Dental Service.

WORKSHOP ON HYPNOSIS

In cooperation with Roosevelt University, the Chicago Academy of Dental Psychosomatics and the Chicago Society of Clinical Hypnosis will present a workshop on Hypnosis. It will be held at the Sheraton-Blackstone on Wednesday, March 4th, 9:00 a.m. to 4:30 p.m. For information, write to Dr. I. I. Secter, Roosevelt University, 430 S. Michigan Ave., Chicago 5, Illinois.

NAVAL RESERVE MEETING

The next Naval Reserve meeting will take place on February 27th, 8:00 p.m., at the Naval Reserve Armory. Dr. Frank M. Wentz will discuss "Periodontology."

NEWS OF THE BRANCHES

Englewood

Another hectic and informative Midwinter Meeting is history. . . . Walking up and down the highways and byways of the Conrad Hilton I spied many Englewoodians eager for education and conviviality. Sr. Veep Paul Kanchier, Prexy Hank Mathews, Marion Hopkins, and E. Werre to mention a few couldn't even stop to give the time of day—too busy cleaning up odds and ends. . . . A vote of thanks should be extended to all Englewoodians, too numerous to mention who took a part in making this year's meeting an educational success. . . . Incidentally, did you see Rod Marks' "Dental Health Program to Schools" presentation among the Scientific Exhibits? . . . Something quite new for presenting dentistry to PTA, and Civic Groups. . . . Wonderful patient education, we should have more of it. . . . Checked the Ol' South and Lakeside Green Colleges to find that classes were in full session. Professors Strenk and Klabacha were lecturing on how to build more impressive and efficient office accommodations. . . . Professor Davido was holding class on how to sell veneer crowns to edentulous Eskimos. . . . Veep Jaffe and several colleagues were holding a seminar on something which must have been amusing—much laughter. . . . Tuesday evening found the Grand Ballroom shaking to the rafters from the patter of dancing feet. Ah, it was a sight to see Otto "Arthur Murray" Wagner waltzing to a Cha-Cha number. Joe "Astaire" Vocat was giving free tap dancing lessons. A profitable and good time was had by all. . . . Travel Dept. . . . L. Weil and wife to Wisconsin—visiting relatives or ice fishing, Lew? D. Adducci and wife to New Orleans to watch ponies. J. Theodorou took another p.g. course somewhere on something. . . . Wally Dudek sporting new Ford. . . . New offspring at Klabacha's residence—boy or girl, Mitch? . . . Condolences to the family of Dr. Joseph Podwicka on their great loss. Joseph Podwicka will long be remembered by his many friends and colleagues. . . . Marion Kostrubala reports that the Dental Arts Club held their annual formal dance on January 24. . . . Dziubak, Gasior, Bochenek, Potempa, Kaminski, Radochonski and spouses acclaimed it as a tremendous success. . . . Mal Brooks reports Hal O'Connell is ice-motorcading. Sounds exciting, will have to get an explanation on this new sport. . . . M. Kostrubala promoted the Junior Winter Olympics held on February 8. . . . George Runyan addressed the Professional Study Club on the work of Melvin Page, January 26. . . . Thespian Harold Hayes played the part of Salvation Army corporal in the Beverly University Club's production — "Guys and Dolls." . . . Spring's a' spring'n and golfing time is roll'n around. . . . Don't forget the golf outing.—*R. A. Urban, Assistant Branch Correspondent.*

Kenwood-Hyde Park

No news is good news, is an old proverb, generally true, but in this case, no news is no news, which makes me blue. . . . Ascher Sherow took time away from his busy schedule to spend time over the holidays in Miami, Florida. Ash seemed to be well rested on his return, but his partner, Dave Torch, shuttling between their South Shore and Homewood offices, had a hectic schedule. . . . Stanley Korf was in Detroit, Michigan, for an all-day session of the Detroit Eastern Dental Society. Stan spoke on "Practice Management" and on "Pedodontics for the General Practitioner." Stan invites inquiries concerning a two-day meeting in April of the American Society of Dentistry for Children. This meeting will be held at the Wagon Wheel near Rockton. Wives are invited to attend. . . . Ken-

wood extends its condolences to the bereaved family of Barnett Nathan, who recently passed away. . . . Bob Pinkerton attended a class in "Occlusion" given by Les Boyd in Decatur, Illinois. . . . Sid Berg was in Cleveland, Ohio, as a delegate to convention of the Alpha Omega Dental Fraternity. . . . Rudy Grieff was off to Rhinelander, Wisconsin, for the Christmas holidays which he spent with his relatives there. . . . Ben Gans had an open house recently to celebrate the opening of his new offices. . . . Les Boyd and Jean Jacobi had office parties at Christmas which were well attended by their neighbors and friends. . . . Your correspondent will be a member of the panel for a workshop on Hypnosis to be held in March at the Blackstone Hotel. This workshop will be jointly sponsored by the Chicago Academy of Applied Psychology in Dentistry; the Chicago Society for Clinical Hypnosis and Roosevelt University Department of Psychology. . . . Ben Herzberg will shortly be off for a meeting in Hawaii. . . . Dave Handler opened the New Year at a resort in Waukesha, Wisconsin.—*M. B. Gelberd, Branch Correspondent.*

West Suburban

Forty hardy members of the Far West Study Club braved the frigid blasts of the 12 below zero cold to listen to Howard Gillette of Aurora speak on, "Oral Surgery Procedures as Applied to General Dentistry." Howard's discourse was divided into two parts; one explained the principles involved in the removal of mandibular third molars, and the other part delved into the principles involved in alveoli preparation of ridges for the reception of immediate dentures. It was most unfortunate that the weather played havoc with the attendance, because those that were not in attendance missed a very informative presentation. . . . Len Axelrad is taking a postgraduate course in "Oral Medicine" at the University of Pennsylvania Dental School. . . . Rus Benedict was hospitalized recently. We understand that he is making satisfactory progress since his confinement in the hospital. . . . Joe Parsons and Bill Bingaman continue their winning ways in the West Suburban Duplicate Bridge Club. . . . Bill Lapka will be winging his way to South America for his mid-winter vacation. . . . Dan Drake was successful in passing the orthodontic specialty board examination given by the Illinois State Department of Registration and Education. Dan limits his practice to orthodontics and we wish him well in his specialty. . . . If any members of West Suburban need any help on home maintenance call on Roland Mathews for advice. Roland is secretary of the Home Work Shop club of La Grange. This club has been in existence for twenty-five years helping its members solve trying situations in home maintenance and improvement. . . . The West Suburban branch of the Chicago Dental Assistants Association had Paul Topel as guest speaker at their January 20th meeting which was held at Otto's restaurant. Paul's talk delved on his recent Mediterranean cruise. . . . Bob Price wishes to remind the membership of the March 10th meeting of West Suburban. This meeting will be held at the Oak Park club. This is the annual "ALL Clinic Night." Eighteen clinicians and fifteen members of the hygienist-dental assistants group will demonstrate their clinics. The cocktail hour will begin at six o'clock and end at seven o'clock. Dinner will be served immediately after the cocktail hour. The clinics will commence about 8:15. Wives and auxiliary personnel are cordially invited to attend this meeting. The individual dinner tickets are $4.25. Call Raleigh Williams for dinner reservation. . . . Hal Henning vacationed in Caracas, Venezuela during the month of January. Hal who is an Olympic swimming champion, was invited to act as a judge in the Caribbean swimming games that took place while he was in this winter vacationland. . . . The Hugh Ryans added a new offspring to their family on December seventh. The newcomer is a boy. . . . Bill Murphy sustained a frac-

tured wrist and arm while ice skating. We are told that Bill will be incapacitated for about six weeks. . . . Harry McArdle is sporting a new 1959 Imperial automobile. . . . Tony Bittman moved into a new home recently purchased. The new Bittman domicile is located in Western Springs. . . . Chicken pox was an unwelcome visitor during the Christmas holidays for the three Walling and five Truax children. . . . Henry Reiseman of Cicero has submitted a plan to the A. D. A. membership on semi-retirement for dentists. The plan is outlined in the *A. D. A. Journal* of January 1959. Henry's plan could be the beginning of a new era in dentistry for dentists who are in retirement or semi-retirement. Individuals could maintain their professional dignity and individuality. They could serve a useful purpose. There is much to be desired in Henry's plan and there is much more concrete spade work to be done to make the plan workable. The thought is a good one and needs to be enlarged upon. Henry would welcome suggestions and constructive criticisms. Lon Morrey thought that the plan had possibilities. What do you as future possible participants think of this idea?—*E. J. Budill, Branch Correspondent.*

North Side

Now that the big Midwinter Meeting is over (should be by the time you read this), we can go back to our regular schedules. If you missed the meeting, you will be interested to know how many of our North Siders participated: We had four chairmen of committees, with Bill Osmanski the General Chairman of the Midwinter Meeting, Frank Hanagan, Chairman of the Limited Attendance Division, Sheldon Rosenstein, Chairman of General Clinics and myself, Chairman of the Information Committee. Our speakers on Limited Attendance were: Howard Adilman, John A. Anderson, Maurice Falstein, Morris Gerry, Harold Gerstein, Max Gratzinger, George Edward Meyer and Irving Secter. Art Elfenbaum gave an essay and Henry Parkin was a presiding chairman. Table clinics were given by Howard Adilman, Paul Bernstein, Sam Goffen, Bernard Katz, Art Krause, Aubrey Lauterstein, W. George F. Schmidt, A. J. Shapiro, Chas. Shechtman, Harold Sitron and Fred Weitz. Irving Stone and Julius Caplan gave projected clinics. Seems like a fair representation from our branch. . . . By the time you read this, Rube Kadens will have completely recovered from his surgical sojourn at Billings and should be on a cruise thru the Caribbean with his wife. . . . Jos. Stillerman is talking like a landlord—he likes to collect rents but hates repairs. He is putting in part-time at a new office in Northfield. . . . Irv. Secter is living it up at Acapulco and will be back for the meeting. . . . Harold Rabin was a fund of information: Howard Greenberg's hobby is bridge (the kind you play, not make) and he is a top-notch player, I hear. Ben Block says you can't win—when he asked for help to finish his basement, nobody showed up — now everybody wants to be invited after the work is finished. . . . Ted Siegel's son is going thru Northwestern Dental on a 4-year scholarship and talking about smart kids, Earl Elman's son just won a statewide competitive award. . . . Harold Rabin's son David wants to be a fireman, and Harold is starting to condition him to be an oral surgeon so he can take over his practice. David just had his third birthday so I guess Harold has some time yet to convince him. . . . Herb Hazelkorn is looking for speakers for the seniors at Illinois University — someone with good practical experience. Call him if you can help. Herb's son, Jules was just confirmed and now he is a fountain-pen. . . . Sam Jacobson is a travelling rug-sample man—his car is full of swatches while he and Mrs. Jacobson are determining what color to use in refurnishing their home. Why not sew all the swatches together and make a new type of carpet? You can always see Sam at every study course. He's quite a scholar. . . . The

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properly equipped with knowledge and understanding, to make his own decisions. As we well know, there are frequently a number of ways to restore a diseased mouth, each carrying an entirely different fee. The patient must decide for himself what he wishes as long as the choices we have presented are based on sound dental diagnosis. This is *not* a suggestion to do poor work or use an inferior appliance because it might carry a lower fee.

Unfortunately, due to the manner in which dentistry was practiced many years ago, people sometimes think of good dental care as being costly. This is certainly far from true. The most costly form of dental treatment is the poor form, not based on sound diagnosis. This attitude stems sometimes from dentists themselves because many have talked to patients only on a financial basis. They quoted first, for example, the fee for a gold partial, or a gold inlay, as compared to the charge for a non-precious metal partial or silver amalgam restoration. Because of this traditional approach people have come to think of their dentist as a person who sells a manufactured item for a profit. Is it any wonder why in some areas, there is so much "bootlegging of dentures" by unethical laboratory men?

People are not interested in what materials we use or in what our costs are, but in what will the service we render them mean to them. They do not want to know, outside of academic interest, what techniques we use, but only what will the results of our endeavor mean to them in relation to their appearance or general health. If we avoid merchandising and speak only on the true basis of what our services can do to help them live better and happier lives, then the fee becomes important only on the same basis as other things in life, and it is not the dentistry that is so expensive. Therefore, we must recognize the fee hazard that is present in the minds of the majority and speak frankly and fairly about it, reassuring them that it is their decision as to how much they invest in their oral health, and it is their decision as to how important that is to them.

The spending of money in itself can have many psychological implications or meanings to various people. Most of the time these reasons lie in the unconscious mind where the dentist cannot trespass. It is important however to realize that such conditions do exist in some people, which may help in understanding their reactions to the dental fee.

Let us discuss the third factor as to why some people reject our services, namely, their lack of faith in the stability of our service. This usually means that the individual fears the dental restoration will not last and therefore, why should he have it done. This situation of course is sometimes based on his own past experiences or the past experience of others. This subject, of course, can be discussed at great length; however, the variety of circumstances is such that it would be most difficult if not impossible, to cover them all. It is important to question and converse with each patient so as to determine what he has in mind. Some people expect lifetime duration of dental restorations, still others voice their opinions as to how long work should last in terms of many years. It must be explained with all honesty that the length of time a service should last depends upon many factors, such as the circumstances under which the service is performed, the nature of the service, the

cooperation of the patient during treatment, and even more important, his cooperation in maintaining oral health following treatment. Those patients who have insecure feelings in general, carry their feelings into the dental office.

Many of the fears that dentistry will not last stems from past days when dental work was guaranteed. This again reflects the commercial aspects of dentistry as viewed by the public. The solution to these problems must come from the dentist himself. Each patient should be told of the limits of dentistry. It should be explained that we are not "supermen" and that we actually do not cure disease or cause healing, anymore than does the physician. All that we can do is to help to prevent disease and maintain health. We can sometimes control disease to the extent that nature is able to heal. However, we do not heal disease directly. When these factors are explained in a kindly and considerate manner, most all people will not only understand, but will deeply appreciate the interest that the doctor has in him, and cooperation can be expected.

A fourth objection to dentistry is the fear of an artificial appearance. It behooves each man to do his best to provide the best of esthetic conditions he is able to. However, we must be cautious of the individual who for psychological reasons demands something that cannot be done. We have all had the experience of the semi-edentulous and the edentulous individual who warns us in advance that they had better look "perfect" when you are finished with your procedures. They may bring pictures of themselves taken twenty years previous, wishing you to duplicate their appearance. If such cannot be done it is far better to talk this over in advance of treatment. This will certainly avoid much misunderstanding later.

Because of the great need that is present in our society to have a pleasing natural appearance, it is imperative that the dentist realize his responsibility in tampering with it. The dentist who makes it known to his patient that he recognizes the importance of appearance and who will bend every effort on the patient's behalf to maintain or correct this will indeed find a true and loyal patient. Proper conversation and the use of visual aids, particularly photographs, showing before and after effects, are very valuable in dispelling this fear of artificial appearance present in so many patients.

Another major problem to us is the various misconceptions that some people have about dentistry. These misconceptions serve to keep many people away from the dental office. Such notions that the removal of tartar harms the teeth, or the conception that some teeth are soft and therefore cannot be saved are very common. These, and numerous other false ideas, must be dealt with in order to gain patient acceptance. Even though some people do not voice their lack of understanding it is essential that each dentist realize that they exist to some degree in most everyone. Proper education with use of visual aids can do much

to dispel some of these thoughts. No dentist should ever agree to incorrect ideas because he is too busy to explain. Underlying many misconceptions about dentistry is usually a deep-seated fear of receiving dental treatment. Some of these prejudices are used for excuses to evade treatment. Realization of this will go a long way toward helping in meeting the patient's resistance.

The fear that proper phonetics will be interfered with by the use of various appliances is a relatively simple matter to take care of by means of education and explanation. Needless to say, unless the circumstances are unusual, we will not interfere with proper speech but rather aid it.

There are, of course, many other emotional factors that influence the ability of the individual to accept complete dental treatment. These are complex and impossible to discuss in this paper. Suffice it to say that a study of the normal human emotions and their disturbances should be a "must" for the dentist. If he can but help his patients to areate themselves and bring out into the open many of their feelings about dentistry, he will have done a great service for the patient as well as himself. Saper,[5] in his recent article, states "If time is taken to reduce the patient's fear, anxiety and tension, the total stress situation is lessened. This in turn will increase his comfort, lessen his pain, and assure him that he counts as a person. What is more, the dentist becomes more of a human being to the patient."

Motivating Factors for Seeking our Services

At this point I should like to discuss some of the basic reasons why we practice dentistry and therefore some of the basic purposes that our patients have in coming to us. Outside of relief of pain and discomfort there are three major motivating factors.

1. Appearance.

Most everyone takes pride in his appearance. Is it not true that perhaps the greatest asset to a pleasant personality is the manner in which people smile? This then is a prime function of dentistry. This is what we should talk about to our patients. Tell them how the appearance of their teeth and gums affect their daily lives, their working careers and advancements, and their social lives. It is interesting to ask people what their opinion is of the importance of their appearance. We have all noticed some people who do not smile. When they do, some have a certain lip habit that tries to cover up the anterior teeth to hide the caries, or the many stained silicates. It is wise to point out to the patient using a large mirror, these defects in their mouths and also to permit them to notice the spaces between their teeth where there might be a disastema. Now, it is possible to discuss better with them the reasons why jackets are used, or why it is necessary to replace posterior teeth at the proper time to prevent such things from happening. With the use of photographs and models this patient will become very interested in

dentistry and what it can do for him or her. Better still, he will think of you as his doctor who is there to advise him. Now the subject of materials and techniques becomes secondary. The patient is now interested in his appearance from the standpoint of his own pride.

2. Digestion.

Although many people are not conscious of it one of the prime functions of dentistry is to maintain or repair structures that are directly necessary to the digestion and enjoyment of food. We have been taught that the prime purpose of teeth is to chew and masticate foods. The first stage of digestion takes place in the mouth. Sometimes we are so busy repairing teeth that we forget what teeth are for. This should be pointed out to each individual in the proper manner. When the question arises as to why he (the patient) should have his missing teeth replaced it should be explained on the basis that the teeth must work together in their proper positions so as to get the most use of our foods in digestion. The average person is not interested in the subject of malocclusion which may lead to atrophy of bone, nor is he interested necessarily in how periodontal lesions may develop—but he is interested very much in enjoying his food more and he is interested in the proper digestion of this food so that he may derive the greatest benefits from what he eats.

3. Infection.

A third motivating factor is the subject of infection and disease in relation to general health and appearance. It is baffling to understand at times the patients who present themselves with diseased mouths, large accumulations of tartar and stains, bleeding gums and suppuration, who do not think of these conditions as being infectious. These matters should be discussed with each person. They should be told in no uncertain terms what the possible effects of these lesions can have upon their lives. It is always interesting to note the seriousness the physician places upon a small lesion or bleeding spot in other areas of the body. Yet, acute periodontal lesions are so often passed off as being unimportant to the health of a person even though the gross surface infected might be twenty times the size. When people understand what a periodontal infection is and what potential danger there is, then they will be anxious for treatment and not before. If they accept treatment otherwise it is only because they have accepted the dentist's diagnosis at face value.

Office Procedures

Let us now try to be practical about all of the matters that we have spoken about so far. It is necessary to learn the technique of talking to patients. As was stated before, most of us are not psychiatrists or psychologists and therefore we cannot actually determine all of the patient's fears and answer all of his problems. The art of case presentation or explaining dentistry to a person demands

great study. It is not extremely difficult but like everything else it takes effort. This effort will reap great benefits for both doctor and patient, for then there will be a true professional relationship. In this paper all that I can present is some of the basic principles involved.

In reference to the first appointment, the patient should enter a modern and properly furnished reception room. He should then be asked to fill out a questionnaire. There are many such forms used but most of them rather coldly request just business information in such a way that one could hardly help but think of their visit as one that is commercial in tone. Credit information is necessary but there are pleasant ways to accomplish this. The heading on the form that is used in the author's office reads as follows:

> "The following information is requested to enable us to give you the most consideration of your time and feelings. In order for any doctor to thoroughly diagnose any condition, he must have accurate answers so that he may give personal attention to each individual. This information is, of course, confidential. Thank you."

The first part of the short form requests information about whether or not the patient has any particular dental problems or discomfort. Questions asking about how long it has been since he last visited a dentist, and what was done for him are next. The balance of the questions are the usual ones, such as name, address, occupation, etc.

The next step in the procedure is to place the patient in the proper room where he is encouraged to tell about his dental problems. Guiding questions should be asked. The most important factor is to allow the patient to talk and for the dentist to listen. By this means we learn more about the individual than in any other way and he will appreciate your listening to him and will develop great confidence.

This is the proper time to tell our patient that the basic practice of dentistry involves his appearance, and mastication and digestion of foods. It should be explained that we are interested in helping to correct or maintain these oral structures so that they will function properly and be free of infection. Methods of preventing various disturbances and infections should be discussed. A frank and open discussion of all of the fears of dentistry that the patient might have should, if possible, take place at this appointment. Reassurance of these various fears will help to make it possible for him to accept better forms of dentistry.

If all of these points are handled properly, then it is a simple matter to tell the patient that in order to help him, a complete and thorough examination is necessary, which will consist of a complete series of X-rays, impressions, etc. A very important factor is that most all of these points should be made to the patient before physically examining the mouth. The only exception to this would be in the event of an emergency, or in the presence of severe pain.

At the termination of this first visit a second questionnaire is given to the patient to take home, fill out, and return by mail. This questionnaire requests information as to previous medical history and various other essential health factors. There are a number of questions which have brought tremendous psychological value. These questions and their answers are a great aid in the determination of the patient's desires and interests and also, in learning more about his feelings towards dentistry.

After the X-rays are developed and the case studied and a diagnosis reached, the patient is brought back for a consultation. The details of this consultation procedure is a subject in itself and cannot be discussed fully within the scope of this paper. However, some of the basic principles may be given.

We must realize that unless a person is aware of his problem or is aware that he even has a problem, he will find it impossible to accept a solution. All too frequently we tell people how we can correct their problems when they do not realize that they have one or at least do not feel that it is important. So the first step is to explain what the problem is. The second step is to describe to a patient what is normal. The next procedure is to compare the patient's situation with the normal so that he may see for himself what is wrong. It is now necessary to prescribe treatment and explain how you will attempt to bring him or her to as near normal as is possible. The last step is to quote fees and explain methods of payment.

Summary

In conclusion, I should like to summarize the important factors in this paper. It is essential that the dentist realize his great responsibility in caring for patients. He must understand that he is working with a human being and is not repairing an inanimate object. This human being has feelings and emotions which are directly and indirectly connected to his oral structures. Kindness, consideration and understanding are essential at all times. The patient must be given a choice as to how far he will accept dental treatment and he must have a voice in the manner in which this treatment will be given. The application of these principles will reap great rewards for both patient and doctor.

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Dentist with twenty years experience would like to buy active dental practice in Chicago suburb. Give full details in first letter. Address B-30, The Fortnightly Review of the Chicago Dental Society.

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Association wanted, by well qualified dentist, eventual purchase desired but not essential, military obligations complete. Replies confidential. Address B-33, The Fortnightly Review of the Chicago Dental Society.

DENTISTS AVAILABLE: Eight Illinois licensed, American born and trained Dentists available full and part time. Three recently completed their Military Obligations. Call ANdover 3-0145—GARLAND MEDICAL PLACEMENT—for details.

UNIV. OF ILLINOIS graduate, young, capable and cooperative, desires part time work—two to four days a week. Military obligation completed. Telephone ROgers Park 4-2760 or DIversey 8-7009.

Orthodontic Association Wanted Part Time: University trained in Edgewise technic. Desires part-time association with Orthodontist in northern area of Chicago or surrounding suburbs. Age 28. Married, with family. Address B-34, The Fortnightly Review of the Chicago Dental Society.

ORTHODONTIST, University trained, desires association—part or full time—Chicago or suburbs. Excellent references. Address B-36, The Fortnightly Review of the Chicago Dental Society.

Capable young dentist with six years civilian practice wants full or part time association with busy practitioner. Can bring own equipment if needed. Address B-37, The Fortnightly Review of the Chicago Dental Society.

WORKSHOP

WORKSHOP ON HYPNOSIS: Presented by The Chicago Academy of Dental Psychosomatics and The Chicago Society of Clinical Hypnosis in cooperation with the Roosevelt University Institutes and Lectures Committee. Theme: How Hypnosis Can Help You in Medicine and Dentistry. Subject: An Introduction to Hypnosis; An Evaluation of Its Usefulness in Medicine and Dentistry; Basic Induction Procedures; Hypnosis in Dentistry, Obstetrics and Gynecology; Child Management; Psychological Problems, e.g. gagging, thumbsucking, eneuresis, etc. Wednesday, March 11, 9:00 a.m. to 4:30 p.m., Sheraton-Blackstone Hotel. Fee for workshop and luncheon, $15.00. Mail check to Dr. I. I. Secter, Roosevelt University, 430 South Michigan Avenue, Chicago 5, Ill. Make checks payable to Workshop on Hypnosis. For further information phone Roosevelt University, WAbash 2-3580, ext. 320.

SITUATIONS WANTED

NEED OFFICE HELP, DOCTOR? Need an experienced chairside assistant? Or would you prefer an eager-to-learn BEGINNER for training YOUR way? In either case, 'phone us. We are employment counsellors to the dental and medical professions. Our city-wide placement service is FREE to the employer. Your inquiry will be handled in confidence. There's no obligation. ASSOCIATED MEDICAL PERSONNEL BUREAU, 17 North State Street. Telephone ANdover 3-3438.

CALL ANdover 3-0145—GARLAND MEDICAL PLACEMENT—MARSHALL FIELD ANNEX BLDG., 25 E. Washington St.—for carefully screened assistants available—experienced counsellors to assist you promptly at NO COST TO YOU. EXPERIENCED DENTAL ASSISTANTS: At the present time we have 22 women who have from 2 to 10 years of experience in the Dental Field. Many are able to assist at the chair; take and develop Radiographs; and handle laboratory procedures. Ages vary from the younger to the more mature Assistant—most have done typing, billing, and light bookkeeping . . . 45 TRAINEES: If you prefer to train a high caliber young woman—anxious and willing to learn—our TRAINEE group includes some Undergraduate Nurses, General Office Girls, High School and College Graduates who want an opportunity to learn and work in a challenging position. Salary requirements for most of these girls is of secondary consideration. Our service is CONFIDENTIAL and FREE to the employer. NATALIE GARLAND, Director. For information on above plus MANY others—call ANdover 3-0145—GARLAND MEDICAL PLACEMENT—MARSHALL FIELD ANNEX.

(Continued next column)

MEDICAL PLACEMENT SPECIALISTS—New Personnel Available now—A FREE SERVICE TO EMPLOYER: DENTAL ASSISTANT—EXPERIENCED—Late 20s—single—5 years experience—Worked for General Practitioner as well as Oral Surgeon. An excellent chair assistant, who can also invest inlays, pour models, develop X-Rays, keep books and do billing . . . TRAINEES: We have many applicants who are very much interested in working in the Dental Field. Some have limited experience in Dental offices, some have nursing backgrounds, others office backgrounds. All are looking for an opportunity rather than salary . . . HYGIENIST: Graduate from highly accredited University—3 years working experience—available three days a week. FOR THESE AND MANY MORE ASSISTANTS in Chicago and all suburban areas, carefully screened by experienced counsellors, call MISS CLARE, MEDICAL PLACEMENT SPECIALISTS, 111 N. WABASH, GARLAND BLDG., AN 3-0382. NO CHARGE to employer for our services.

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This ELASTIC impression technic is not a must nor is it something we are asking you to try. Our only concern is that this ELASTIC impression technic is almost one hundred (100) percent fool-proof. It does so many wonderful things that we never knew were possible before.

PLEASE send for free literature. Let us tell you . . .

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What an ELASTIC impression will do for *you*.

What an ELASTIC impression does for our improved PORCELAIN restorations.

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APPLICANTS

(Continued from page 26)

GIZA, STANLEY F. (Loyola 1935) Northwest Side, 5060 W. Pensacola Ave. Endorsed by Benjamin G. Dudan and C. E. Bromboz.

GOLDBERG, ALLEN F. (Illinois 1958) West Side, 808 S. Wood St. Endorsed by Donald L. McElroy and A. J. Skupa.

GOLDFEIN, ABEL (Loyola 1924) West Side, 3236 W. Roosevelt Rd. Endorsed by Emanuel Frazin and B. C. Perlman.

GONZALEZ, JOSEPH S. WATTS (Howard 1956) Northwest Side, 2653 Milwaukee Ave. Endorsed by Gerald J. Meyer and Albert E. Newman.

KAKOS, STEVE J. (Illinois 1958) Northwest Side, 2716 N. Central Ave. Endorsed by M. Schneider and A. Rosenberg.

LIEDTKE, EDWIN C. (Loyola 1955) West Suburban, 2033 Ogden Ave., Downers Grove. Endorsed by Walter E. Marek and Joseph W. Esser.

LINARDOS, ALEXANDER (Pittsburgh 1957) Kenwood-Hyde Park, 950 E. 59th St. Endorsed by E. E. Elliott and Frank J. Orland.

PRYSTALSKI, EUGENE W. (Loyola 1958) South Suburban, 540 E. 162nd St., South Holland. Endorsed by Alfred J. Tantillo and Harry M. Lees.

RUNYAN, WARREN G. (Northwestern 1958) Englewood, 9310 S. Ashland Ave. Endorsed by George W. Runyan and David M. Suzuki.

VIDEKA, MICHAEL A. (Illinois 1958) Northwest Side, 1554 N. Parkside Ave. Endorsed by Seymour H. Yale and A. J. Skupa.

NEWS OF THE BRANCHES

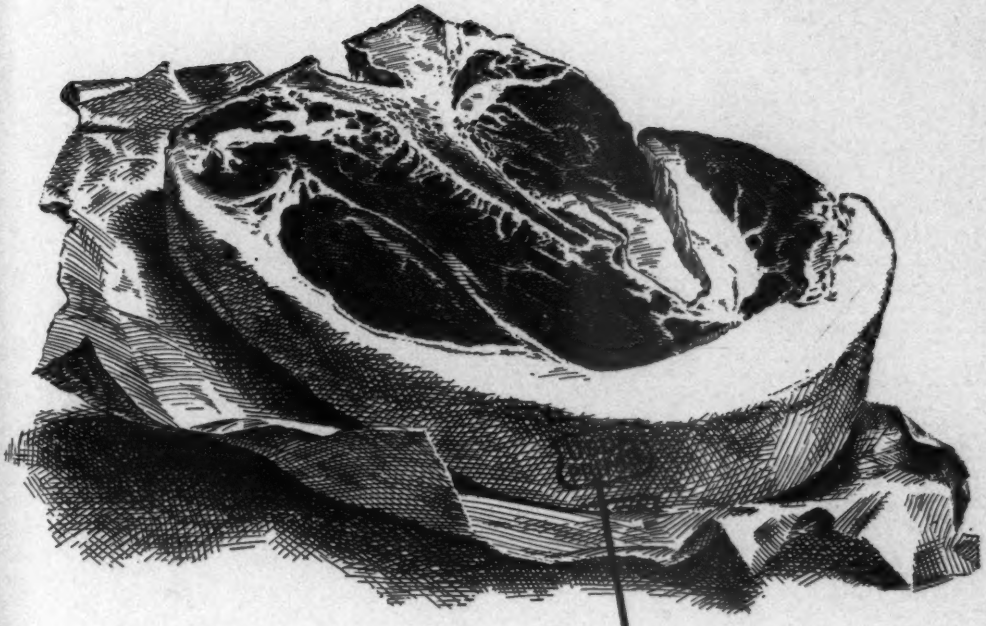
(Continued from page 17)

Howard Adilmans are enjoying their new home and now that there is more room, we can expect more cigars. . . . Max Chubin's son, who is a dental student at Loyola, is getting married. Congratulations! . . . Stan Sherman is spending some of his orthodontic income on a Caribbean cruise. Lenny Gelfand is brown and healthy looking after his trip to Florida. . . . All this was from Harold Rabin. He's so good, we'll let him write the next column. Incidentally, if you want a low priced auto mechanic, call Harold in about 8 weeks—he is taking a course on auto repairs at New Trier. . . . All it takes is to love kids and you can have as much fun as Earl Hullison is having: Among his many activities, Earl is Big Brother at Holy Name Society and has juvenile delinquents paroled to him. He is doing a swell job with them. Earl is on the Advisory Board of the Board of Education and sits on the Student Council at the Gale School (incidentally, Herb Gustavson is doing the same at Trumbull School) and beside giving talks to the PTA and students, and showing movies, they see that the kids' teeth are examined by dentists, etc. You will be seeing Earl's pictures in the metropolitan press that the Board of Education took of him in his office, which will be used in an educational campaign. That's really worthwhile work that Earl and Herb are doing. . . . Dan Kreger is back from Mexico all full of pep and peppers. . . . Irv Shaewitz is busy buying stocks and just bought a new Galaxy, having had a Cadillac ruin his last car. Irv is putting in Wednesdays in the Garland Building. . . . Going to the big Centennial Meeting in New York in September? Be sure to get your hotel reservations in now. See the ad in the January issue of the *ADA Journal*. And the March issue of the *ADA Journal* will have more on the "denturist" problem. Don't miss it.—*I. H. Shapiro, Branch Correspondent.*

North Suburban

At the time of this writing, we of North Suburban are still digging out from under the recent big snows which have so generally fouled up things, not only on the streets, but also in the appointment books. . . . Young Corvin Stine (or perhaps more discreetly, Corvin III, since his father can hardly be called "Old Corvin") was one of our snowbound victims when his parked car was almost completely covered by one of our very efficient city snow plows. . . . Ever since Jim Keith received his new Walk snow plow for Christmas, he has been keenly yearning for an opportunity to personally give it a real test. So when the big snows came, it appeared as if Jim's prayers had been answered—almost. It seems Jim forgot that last fall he had promised a neighbor's son that he could have all of the Keith snow

shoveling business for the winter. Now every time Jim appears for a try with his new plow, the boy runs out and reminds Jim of the previous arrangement, whereupon Jim's walks are promptly cleared for him. Oh well, don't worry, Jim, the kid must sleep sometime! . . . North Suburban alumnus Jay Welborn and wife recently came back for a visit from their new home in Pasadena. . . . Randy and Mrs. Wescott are vacationing in Florida. . . . Ben and Mrs. Misantoni are planning a Florida vacation after the Midwinter Meeting. Don't forget your clubs, Ben. . . . Pete Peterson, having just spent a weekend at Lake Lawn in Delavan, Wisconsin, reports that the winter sports and accommodations are excellent. . . . Don Casey has just returned from Jersey City where he spoke on cancer detection and diagnosis before the New Jersey State Dental Society at Seton Hall Medical and Dental School. Don also recently served as a speaker for the pre-meeting postgraduate course of the American Academy of Dermatology and Syphilology. . . . Our best wishes go to Elmer Lordahl and family for the speedy recovery of his 12-year-old son who was recently seriously injured in a toboggan accident. . . . We are all glad to have Paul Wilcox back with us after his recent stay in the hospital. . . . The Old Orchard grapevine reports that snow removal from the parking area out there has been so zealous that on several occasions Bill Smith's white M-G has been accidentally swept up and carried half way to Lake Michigan before being discovered by the snow removal crews. . . . Edgar Coolidge was recently honored by the Illinois Interprofessional Council as Man of the Year at their 6th annual dinner meeting. Among those from North Suburban who attended were Jim Keith, Floyd Grover, Corvin Stine, Orville Larsen, Grant MacLean, Fred Verink, John O'Malley, and Harry Chronquist.—*Carl von Meding, Assistant Branch Correspondent.*



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